

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014173

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 243

FILED MAY 7 1962

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)

Columbia

c. FULL NAME OF (If NOT in hospital, give location)

Boone County Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Boone

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

Columbia

d. STREET

ADDRESS

124 S. Second St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

ROBERT

Middle

WRIGHT

Last

WRIGHT

4. DATE

OF DEATH

Month

April

Day

29

Year

1962

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

June 2, 1891

9. AGE (last birthday)

70

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Janitor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Boone County Mo. U. S. A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Joe Wright

13b. MOTHER'S MAIDEN NAME

Emma Marshall

14. NAME OF HUSBAND OR WIFE

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes W W I

16. SOCIAL SECURITY NO.

17. INFORMANT

Flora Wright

Address

501 N. 1st St. Columbia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

5 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary artery atherosclerosis

Years

years

DUE TO (c)

Generalized atherosclerosis

1/200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Uremia uretenuis Cause

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 25 April 62 to 29 April 62 and last saw him alive on 29 April 62

Death occurred at 2 39 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Phat J. J. J.

(Degree or title)

22b. ADDRESS

154 E Broadway

22c. DATE SIGNED

29 April 62

23a. BURIAL, CREMATION, or other disposal (Specify)

Burial

23b. DATE

May 3, 1962

23c. NAME OF CEMETERY OR CREMATORY

Calvary

23d. LOCATION (City, town, or county)

Columbia, Mo.

(State)

24. FUNERAL DIRECTOR

Mrs. Stuart Parker

ADDRESS

Columbia, Mo.

25. DATE RECD. BY LOCAL REG.

May 2 1962

26. REGISTRAR'S SIGNATURE

Mrs. R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

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BY AFFIDAVIT OF

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MAY 17 1962

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Harold Warren, Student Embalmer No. 651
working under my personal supervision.

Student Harold Warren
Signature of Student Embalmer

Signed George D. Trammell

Licensed Embalmer No. 4425

P. O. Address Columbia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.